

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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3 11-29-18

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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

| | | |
|--|------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Johnson, Jennifer B. | | |
| LOBBYIST FIRM/EMPLOYER (if applicable) Mobilitie, LLC | | TELEPHONE 949-278-5537 |
| MAILING ADDRESS (No. and Street or P.O. Box) 2955 Red Hill Ave, Suite 200 | | FAX |
| | | EMAIL jjohnson@mobilitie.com |
| (City) Costa Mesa | (State) CA | (Zip Code) 92626 |

| | | |
|--|------------|--|
| PART II.A ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Mobilitie, LLC | | TELEPHONE 949-278--537 |
| MAILING ADDRESS (No. and Street or P.O. Box) 2955 Red Hill Ave, Suite 200 | | FAX |
| | | EMAIL jjohnson@mobilitie.com |
| (City) Costa Mesa | (State) CA | (Zip Code) 92626 |
| ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div> | | |
| METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div> | | |

| | |
|---|---------------|
| PART II.B NO LONGER LOBBYING | |
| <input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A | DATE 11/29/18 |

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY☐ Business & Economic Development☐ Community Services☐ Customer Services☐ Culture & Arts☐ Housing☐ Public Works, Infrastructure & Sustainability☐ Parks & Recreation☐ Public Health, Safety & Welfare☐ Tourism☐ Transportation☐ Zoning & Planning☐ Specific Legislation:☐ Additional Sheet(s) Attached

Bill No. _____ (Year) _____

Reso No. _____

Admin. Rule No. _____

Dept. _____

☐ Other (indicate below):**PART IV LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.


LOBBYIST SIGNATURE11/29/18
DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

*Please see attachment***PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)

TELEPHONE

MAILING ADDRESS (No. and Street or P.O. Box)

FAX

EMAIL

(City)

(State)

(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Orange

S.S.

Subscribed and sworn to (or affirmed) before me on this

29

day of

November

Month

2018, by

Jennifer Beth Johnson

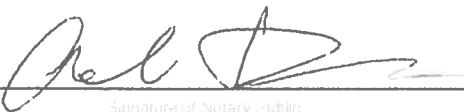
and

Name of Signer(s)

proved to me on the basis of

Name of Signer(s)

satisfactory evidence to be the person(s) who appeared before me.



Signature of Notary Public



For other required information (Notary Name, Commission No., etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____